

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1								51					
2								52					
3								53					
4								54					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					